## APPLICATION DATA SHEET **APPLICATION INFORMATION APPLICATION TYPE:** Original Gasifier and method SUBJECT MATTER: PYROLYZING GASIFICATION SYSTEM AND METHOD TITLE: OF USE ATTORNEY DOCKET NUMBER: MSH - 275SUGGESTED DRAWING FIGURE: **1A** 26 **TOTAL DRAWING SHEETS:** Y **SMALL ENTITY: APPLICANT INFORMATION** APPLICANT AUTHORITY TYPE: Inventor US PRIMARY CITIZENSHIP/COUNTRY: Robert GIVEN NAME: G. MIDDLE NAME: Graham FAMILY NAME: Presque Isle CITY OF RESIDENCE: Michigan STATE OF RESIDENCE: US COUNTRY OF RESIDENCE: STREET MAILING ADDRESS: 6027 East Grand Lake Road CITY OF MAILING ADDRESS: Presque Isle STATE: Michigan COUNTRY: US ZIP CODE: 49777 APPLICANT INFORMATION APPLICANT AUTHORITY TYPE: PRIMARY CITIZENSHIP/COUNTRY:

GIVEN NAME:

MIDDLE NAME:

FAMILY NAME:

CITY OF RESIDENCE:

STATE OF RESIDENCE:

COUNTRY OF RESIDENCE:

| STREET MAILING ADDRESS:        |                           |
|--------------------------------|---------------------------|
| CITY OF MAILING ADDRESS:       |                           |
| STATE:                         |                           |
| COUNTRY:                       |                           |
| ZIP CODE:                      |                           |
| CORRESPONDENCE INFORMATION     |                           |
| CUSTOMER NUMBER:               | 008131                    |
| NAME:                          | McKellar Stevens, PLLC    |
| STREET:                        | 784 South Poseyville Road |
| CITY:                          | Midland                   |
| STATE:                         | Michigan                  |
| COUNTRY:                       | US                        |
| ZIP CODE:                      | 48640                     |
| PHONE NUMBER:                  | (989) 631-4551            |
| FAX NUMBER:                    | (989) 631-4584            |
| E-MAIL ADDRESS:                | RLMCKELLAR@MSH-IPLAW.com  |
| REPRESENTATIVE INFORMATION     |                           |
| REPRESENTATIVE CUSTOMER NUMBER | 008131                    |
| ASSIGNMENT INFORMATION         |                           |
| ASSIGNEE NAME:                 |                           |
| MAILING ADDRESS                |                           |
| STREET:                        |                           |
| CITY:                          |                           |
| STATE:                         |                           |
| ZIP CODE:                      |                           |
| COUNTRY:                       |                           |

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